

# STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

78 Regional Drive, Bldg B  
PO Box 3898

Concord NH 03302-3898

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

## DIRECTIONS: N.H. NURSE LICENSE BY ENDORSEMENT

New Hampshire has a mandatory licensing law; no one shall practice nursing in New Hampshire without a current New Hampshire license. New Hampshire may license nurses currently licensed by written examination in another jurisdiction. Qualifications for licensure must be comparable to those of New Hampshire. Nurses licensed by waiver in another jurisdiction are ineligible for a New Hampshire license.

To be eligible for endorsement, nurses shall have:

- used nursing knowledge, judgment and skills for a minimum of 400 hours within four years immediately prior to application. Please request a reentry packet if you do not meet this qualification. **If you have previously held a New Hampshire license, please request a reinstatement application;**
- completed within two years immediately prior to endorsement application, 30 contact hours of workshops, conferences, lectures or inservice educational offerings that enhance nursing knowledge, judgment or skills. Thirty contact hours may be credited to individualized learning/home study.

### DIRECTIONS:

- \_\_\_ Complete the application form, sign and date.
- \_\_\_ Include with the application a check for \$70.00 made payable to "Treasurer, State of New Hampshire", and pursuant to Nur 302.03 (c)(3) a copy of your current nursing license from another jurisdiction.
- \_\_\_ Complete Section I of verification form and forward to the original state of licensure with the appropriate fee.
- \_\_\_ Check with that Board for the accurate fee.

*Applicants for temporary license must appear at the Board office, 78 Regional Drive, Concord, N.H. Monday through Friday 9 a.m. to 3 p.m. **NOTE: A completed endorsement application must be filed with the Board office before a temporary license can be issued.***

The temporary license will not be issued upon appearance but will be mailed. Please bring to the Board:

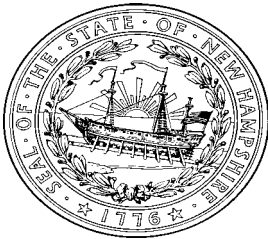
- \_\_\_ Current license from another jurisdiction. Copies are not acceptable.
- \_\_\_ Photo identification.
- \_\_\_ \$20.00 fee

NOTE: If you are a nurse educated in Canada and licensed in the United States by examination, you must either submit copies of the educational program and course descriptions provided the original U.S. licensing board; or verify 200 hours of U.S. registered nurse employment within the two years immediately prior to this application. This verification may be from your employer, Human Resource or Nursing Department.

If you are a nurse educated in another country, other than Canada, please contact the Board office for instructions.

FEES ARE NOT REFUNDABLE.

**APPLICATIONS NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE**



STATE OF NEW HAMPSHIRE  
NEW HAMPSHIRE BOARD OF NURSING  
78 Regional Drive, Bldg B  
PO Box 3898  
Concord NH 03302-3898  
Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

**For Office Use Only:**

FEE: \$ \_\_\_\_\_  
REC'D: \_\_\_\_\_  
CK/MO: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
TL.#. Issued Expire  
Reg.# \_\_\_\_\_  
Issue Date: \_\_\_\_\_

Nursing 603-271-2323

Nurse Asst. 603-271-6282

**APPLICATION: N.H. NURSE LICENSE BY ENDORSEMENT : R.N. ( ) LPN ( )**

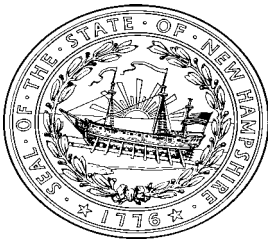
1. Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden) (Other Names Used)
2. Mailing Address: \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip)
3. Telephone: ( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Optional) (Month) (Day) (Year)
4. Nursing Program  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Street Number) (City) (State/Country) (Zip) (Month) (Day) (Year)  
Type of Program: Diploma ( ) Associate Degree ( ) Baccalaureate ( ) Master's ( ) Doctor of Nursing ( )
5. Original License: State/Province \_\_\_\_\_ Year issued \_\_\_\_\_ License No. \_\_\_\_\_  
Current License: State/Province: \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
All other state licensure RN ( ) or LPN ( ) \_\_\_\_\_  
(Select One)
6. I have used nursing knowledge, judgment and skills for a minimum of 400 hours within four years immediately prior to the date of this application. Yes ( ) No ( )  
**Please explain if "No"** \_\_\_\_\_
7. Date of current or last employment in nursing as R.N.: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
as L.P.N.: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Name and address of employer: \_\_\_\_\_  
(Name) (Address)
8. I have completed 30 contact hours of continuing education within two years immediately prior to this application date. Yes ( ) No ( )
9. Have you ever:  
a. had any disciplinary action against a nursing or nursing assistance license such as denied, reprimanded, suspended, revoked or probated, or surrendered, educational or practice stipulations, or fines, or a current pending investigation regarding your nursing/nursing assistance practice? \*Yes ( ) No ( )  
b. been impaired by or diverted any chemical substance? \*Yes ( ) No ( )  
c. been convicted of a felony or any criminal act, not including traffic offenses? \*Yes ( ) No ( )
10. Are you mentally and physically competent to practice nursing? Yes ( ) \*No ( )  
**\*If "yes" to 9.a, b, c or "no" to 10, please attach a letter of explanation.**
- Please include my name and address on a New Hampshire computerized list of nurses that may be made available for purchase. Yes ( ) No ( )

**UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension, revocation, of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).**

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Application

**APPLICATIONS NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE**



STATE OF NEW HAMPSHIRE  
NEW HAMPSHIRE BOARD OF NURSING

78 Regional Drive, Bldg B  
PO Box 3898

Concord NH 03302-3898

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

REQUEST FOR VERIFICATION OF ORIGINAL LICENSE

**SECTION I: Complete Section I and forward to the state where you were first licensed. Check with the original state as to any fee that may be required.**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden) (Other names used.)

Address: \_\_\_\_\_  
(Street) (City) (State/Country/Province) (Zip)

Nursing Education Program: \_\_\_\_\_ Address: \_\_\_\_\_

Original license number: \_\_\_\_\_ R.N. ( ) L.P.N. ( ) Date Issued: \_\_\_\_\_

**I hereby authorize the \_\_\_\_\_ Board of Nursing to provide the New Hampshire Board of Nursing the information requested in Section II.**

Date: \_\_\_\_\_ Signature : \_\_\_\_\_

ORIGINAL LICENSING AGENCY ONLY

Section II:

The above applicant has applied for a license to practice as a registered nurse ( ) practical nurse ( ). Please provide the following information and return directly to the New Hampshire Board of Nursing.

\_\_\_\_\_ was issued R.N. ( ) L.P.N. ( ) license # \_\_\_\_\_

on \_\_\_\_\_ (Name)  
(Date) Nursing Educational Program: \_\_\_\_\_

Location: \_\_\_\_\_ Approved: Yes ( ) No ( )  
(City) (State/Country/Province) Date of Graduation

Method of Licensure: Waiver \_\_\_\_\_ Endorsement \_\_\_\_\_ Examination \_\_\_\_\_ Examination Date: \_\_\_\_\_

SBTPE \_\_\_\_\_ NCLEX \_\_\_\_\_ CNATSCE (ENGLISH) \_\_\_\_\_ BOARD CONSTRUCTED \_\_\_\_\_

SBTPE/CNATSCE REGISTERED NURSE P.N. R.N. P.N. R.N. COMP

Med.	Psych.	Obstet.	Surg.	Nsg. of	Comp.	NCLEX	NCLEX	CNATSCE
Nsg.	Nsg.	Nsg.	Nsg.	Child	Exam.			

Standard Scores: \_\_\_\_\_

Series/Form # \_\_\_\_\_

If Board Constructed Examination, please list results on reverse side. Status of license: \_\_\_\_\_

**Has this license ever been reprimanded, revoked, suspended, surrendered, probated, limited, denied, disciplined, stipulated, for education or practice or fined?** YES ( ) NO ( )

If "Yes", please provide certified copies of the Board's order and other relevant documents.

Verification to other boards: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Indicate States/Jurisdictions)

Title: \_\_\_\_\_

SEAL

State: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATIONS NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE

If you were originally licensed in any of the following states you must submit the attached Nursys application form and fee to Nursys at the National Council of State Boards of Nursing. Information is usually available on their restricted web site, for Boards to view, within one week after receipt of Nursys application and is current for only 90 days. After that time, you may be asked to resubmit your request to Nursys.

States currently utilizing Nursys are:

- Arizona
- Arkansas
- Colorado
- Delaware
- Florida
- Idaho
- Iowa
- Indiana
- Maine
- Maryland
- Massachusetts
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- New Mexico
- North Carolina
- North Dakota
- Ohio
- Oregon
- South Dakota
- Texas RN (TX-RN)
- Texas VN (TX-VN)
- Utah
- Vermont
- Wisconsin



# LICENSE VERIFICATION REQUEST FORM

**\*\*\* NEW \*\*\*** Want to process your verification faster? Try our new secure Online Verification to process your verification immediately. Go to <https://www.nursys.com>

Please use blue or black ink.

See reverse side for form eligibility and instructions.



## PERSONAL INFORMATION

Social Security Number:		Date of Birth: (mm/dd/yyyy)	
First Name:	Middle Name:	Last Name:	
Maiden Name:	Date of Original License (mm/yyyy)		
Street Address:			
City:	State:	Zip/Postal Code:	
Country:	Home Phone:	Work Phone:	

## ENDORSEMENT INFORMATION *List the license types that you need verified*

License Type (check one)	Total Verification Fee
LPN: <input type="checkbox"/>	\$30.00
RN: <input type="checkbox"/>	\$30.00
Both LPN & RN: <input type="checkbox"/>	\$60.00

**Fees are not refundable**

The only acceptable forms of payment are  
**CERTIFIED CHECK, CASHIER'S CHECK,**  
or **MONEY ORDER.**

**Made payable to:** National Council  
DO NOT SEND cash, personal checks, business checks, or travelers checks.

## LICENSE INFORMATION *List all licenses that you have ever held*

	Jurisdiction/State	RN License Number	PN License Number
Original	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____

States applying to: \_\_\_\_\_

I, the above named individual, hereby apply for verification to the National Council of State Boards of Nursing to permit the National Council and/or its Member Boards to verify my licensure, educational, disciplinary, and related information in Nursys for the purposes of supporting my request for endorsement verification in the jurisdiction(s) listed above and any other states in which I have ever been licensed. I also confirm that the information I have submitted is true.

My application fee of \$\_\_\_\_\_ in **guaranteed funds** is attached.

### Mail this form to:

National Council of State Boards of Nursing, Inc.  
35331 Eagle Way  
Chicago, IL 60678-1353  
DO NOT SEND THIS FORM TO YOUR BOARD OF NURSING

Signature \_\_\_\_\_

Date \_\_\_\_\_



## FORM INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursys. If you need verification of a license for a foreign country or to an agency other than a state board of nursing, please contact your state board of nursing.
2. You **MUST CONTACT** the state where you are seeking licensure to determine which state(s) they require verification from, as boards of nursing have different requirements.

If you do not need verification of a license from one of the states listed below, **DO NOT** complete this form. Instead, follow the verification instructions of the state where you are seeking licensure. Complete this form **ONLY** if the state where you are seeking licensure requires verification from one of the states listed below.

Arizona (AZ)	Indiana (IN)	Montana (MT)	South Dakota (SD)
Arkansas (AR)	Maine (ME)	Nebraska (NE)	Texas RN (TX-RN)
Colorado (CO)	Maryland (MD)	New Mexico (NM)	Texas VN (TX-VN)
Delaware (DE)	Massachusetts (MA)	North Carolina (NC)	Utah (UT)
Florida (FL)	Minnesota (MN)	North Dakota (ND)	Vermont (VT)
Idaho (ID)	Mississippi (MS)	Ohio (OH)	Wisconsin (WI)
Iowa (IA)	Missouri (MO)	Oregon (OR)	

3. Please complete all sections of this form. Forms with missing information or incorrect payments will be returned. **SEND ONLY THIS FORM AND PAYMENT. ALL OTHER FORMS ARE UNACCEPTABLE.**
4. **PAYMENT:** To verify RN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify LPN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify both RN and LPN licenses, the total fee is \$60, regardless of how many states you are licensed in or how many states you are applying to.

All payments must be in guaranteed funds. **The only acceptable forms of payment are: certified checks, cashiers checks, or money orders** – made payable to the **National Council**. DO NOT SEND cash, personal checks, business checks, credit cards, or traveler's checks. **Fees are non-refundable.**

5. Please complete this form in blue or black ink. Print or type clearly. Illegible forms will be returned.
6. Verifications are entered into Nursys in the order in which they are received at the National Council. **The verification report will remain in Nursys for 90 days, after which it expires.** When the Board of Nursing receives your Endorsement Application, the board will access Nursys to verify any licenses held in the states listed in number 2 above. No paper reports are sent from the National Council.
7. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional \$30 and submit a new verification request form to the National Council.
8. Nursys information is updated monthly from the participating nursing boards listed in number 2 above. A nurse who recently received a license may have to wait until the next monthly update before the information is available in Nursys for license verification.
9. If you have questions regarding this form, please contact the Nursys License Verification Department at (312) 525-3780 or toll free (866) 819-1700.

**\*\*\* NEW \*\*\*** Want to process your verification faster? Try our new secure Online Verification to process your verification immediately. Go to <https://www.nursys.com>



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
10 Hazen Drive, Concord, NH 03305

**CRIMINAL RECORD RELEASE AUTHORIZATION FORM**

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME \_\_\_\_\_  
LAST (MAIDEN) FIRST MI  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE  
DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_  
DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

By signing below you are certifying that you are the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

**SECTION II**

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NH BOARD OF NURSING  
NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

Margaret J. Walker \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

**NOTE: A \$10.00 fee is required for each request - make checks payable to: State of NH - Criminal Records**

**WANT MORE  
INFORMATION?**

- ♦ Contact the Division of State Police at (603) 271-2538 or visit the web site at [www.state.nh.us/nhsp/](http://www.state.nh.us/nhsp/)
- ♦ Contact the Board of Nursing at (603) 271-2323, (603) 271-6282, or visit the web site at [www.state.nh.us/nursing/](http://www.state.nh.us/nursing/)



***IMPORTANT!***

**Don't risk a delay in getting  
your license issued or  
renewed!**

**Start the process early!**

**Your license will not be  
issued or renewed until your  
current Criminal  
Convictions Record has been  
received and reviewed by the  
Board of Nursing!**

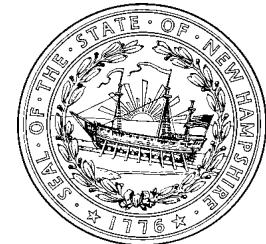
**You may not work without  
an active license!**

***THERE ARE NO  
EXCEPTIONS!***

***IT'S THE LAW!***

**Mandatory Criminal  
Background Checks for  
Nurses and Nursing  
Assistants**

**An Informational Brochure**



**New Hampshire  
Board of Nursing**

**78 Regional Drive, PO Box 3898  
Concord NH 03302-3898  
(603) 271-2323  
(603) 271-6282  
[www.state.nh.us/nursing](http://www.state.nh.us/nursing)**



## **CRIMINAL BACKGROUND**

### **CHECKS**

### **IT'S THE LAW!**

Senate Bill 94 requires that every applicant for a license to practice as a RN, LPN, or LNA in the state of New Hampshire must submit to the Board of Nursing a current criminal conviction record check. Beginning January 1, 2004, every new applicant and every renewal or reinstatement applicant for licensure by the Board of Nursing must send a notarized criminal conviction record release authorization form to the Division of State Police. These forms will be sent with all renewals, or are available at the Board of Nursing office, or on the web site, [www.state.nh.us/nursing](http://www.state.nh.us/nursing). The Division of State Police will send the Criminal Convictions Report to the Board of Nursing. The Board of Nursing must review the Criminal Convictions Record prior to issuing a license.

### **YOU MUST**

- ◆ Have the Criminal Record Release Authorization Form notarized
- ◆ Mail the Criminal Record Release Authorization Form along with a check for \$10.00 payable to NHSP-CRIMINAL RECORDS to the Division of State Police, 10 Hazen Drive, Concord, NH 03305
- ◆ Mail your license application and appropriate fee to the New Hampshire Board of Nursing

### **REMEMBER!**

- ◆ This law applies to all applicants for *all types of licenses, including temporary, initial, renewal and reinstatement licenses.*
- ◆ This law applies to *RNs, LPNs, and LNAs.*
- ◆ Your license cannot be processed until the Board of Nursing has received and reviewed your current Criminal Convictions Report. The Board of Nursing will only review Criminal Record Checks that are dated within 45 days of licensure. The report will be retained in the Board of Nursing office for 45 days following the date it was issued by the Division of State Police.
- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.

***THERE ARE NO EXCEPTIONS!***  
***IT'S THE LAW!***

### **QUESTIONS?**

How can I get my release form notarized?

- ◆ Notary publics are available in many banks and offices. There may be a notary public who works in your place of employment. There will be a notary public at the Board of Nursing. **DO NOT** sign the form until you are meeting with the notary public.

Can I bring the Criminal Record Release Authorization Form directly to the Division of State Police?

- ◆ You may hand carry your Criminal Record Release Authorization directly to the Division of State Police. However, the Criminal Convictions Report must be sent directly from the Division of State Police to the Board of Nursing office.

How many weeks before I renew my license can I start this process?

- ◆ Your Criminal Convictions Report will be retained in the Board of Nursing for 45 days from the date it is issued by the Division of State Police. Your report must be dated no more than 45 days before the date of your license renewal.

How long will this process take?

- ◆ The State Police office will process these requests as quickly as possible. However, plan ahead! Your license will not be issued until your Criminal Convictions Report has been reviewed.

If I already have a Criminal Convictions Report that I obtained for another purpose, can I use that report instead of applying for a new one?

- ◆ No, the Board of Nursing will only review reports that have been generated by the Division of State Police within the past 45 days. The report must be sent to the Board of Nursing office directly by the Division of State Police.